



PTO/SB/01 (4-96) Approved for use through 9/30/98 OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	Attorney Docket Number	HUBR 1177	
DECLARATION FOR	First Named Inventor	Eibl, et al	
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UTILITY OR DESIGN PATENT APPLICATION	Application Number		
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UTILITY OR DESIGN	COMPLET	E!F KNOWN
PATENT APPLICATION	Application Number	
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☐ Declaration OR ☐ Declaration	Group Art Unit	
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My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Phospholipids with unsaturated alkyl and acyl chains

	(Title of the	e invention)	
the specification of which			
is attached hereto			
OR			as United States Application Number or PCT International
was filed on (MM/DC////)	August 06, 1	.999	as diamed comments of the second

PCT/EP99/05710 and was amended on (MM/DD/777) Application Number

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's cardificate, or \$365 (a) of any PCT international application which designated at least one country other tran the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filling data before that of the application on which priority is claimed.

		Foreign Filling Data	Priority	Certified C	opy Attached?
Prior Foreign Application Number(s)	Country	(MUMODYMY)	Not Claimed	YES	NO
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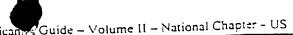
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I hereby claim the benefit under Title 35, United States Code \$119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Data (MM/DD/YYY)	Additional provisional
		application numbers are listed on a supplemental priority sheet attached hereto.

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